



DISPARITIES IN HOMELESSNESS SERVICES DATABASES IN KING COUNTY

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NOTES

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1. Introduction

Systems fragmentation in homelessness services is a critical weakness of the current response to the needs of the unhoused and housing insecure. Programs and services are delivered by a diverse number of providers, both government and nonprofit. A contributing factor to the fragmentation is the use of different databases to determine eligibility for these services. The downstream impact is that individuals experiencing homelessness are systematically under receiving benefits that they qualify for. These systems inefficiencies and accountability gaps, along with the benefits cliff, continue to perpetuate a cycle of poverty and chronic homelessness.

In King County, there are three major databases that various homelessness service providers currently use:

- 1) The **Homeless Management Information System (HMIS)**, which is administered by the Washington State Department of Commerce and mandated by the U.S. Department of Housing and Urban Development (HUD). King County outsources their HMIS management to Bitfocus, a HMIS System Administration and Software Development firm.
- 2) The **Homeless Operations Management and Evaluation System (HOMES)**, which is operated by Veterans Affairs (VA) and the Veterans Health Administration and specifically tracks unhoused Veterans through the VA's system of care.
- 3) The **Automated Client Eligibility System (ACES)**, which is operated by the Department of Social and Health Services and includes a broad range of health-services and services related to health-related social needs, such as housing.

Case managers and providers, who work for various government and non-profit agencies are the primary users of these database. These providers complete comprehensive intake assessments with persons who are housing insecure and/or homeless (PEH). These three major databases however are not the only databases, as many major nongovernmental service agencies have their own internal system, and the medical providers use HIPPA-compliant EHR systems like Epic. For example, DESC, one of the major providers in the homelessness services ecosystem in King County, uses their internally developed database, called PACER, which links to HMIS, but is not accessible to outside providers.

Database entries in HOMES, HMIS, and ACES leads to eventual housing vouchers and other important social services that address various social determinants of health like basic food and child support. With systems fragmentation, countless individuals are missing from respective databases and as a downstream result, not receiving their full benefits range in which they are eligible. As a state, we are recognizing housing as a health-related social need and classifying chronic homelessness as a medical condition under the recently passed Apple Health & Homes Act and other statewide efforts. Here in King County, the work of and investment towards the King County Regional Homelessness Authority positions our county to leads novel systems approaches. As we invest into the physical infrastructure and new approaches, it is critical that our big data systems connect and exchange information in meaningful ways that support the needs of unhoused and housing insecure individuals in the county.

This policy brief reviews the results of a data merge between the DSHS RDA and Puget Sound VHA that connected HOMES with HMIS and ACES data. The primary aim of the data merger

and accompanying analysis was to identify if individuals and populations, specifically Veterans, were systematically being missed by and exclude from each of the databases. Based on combined analysis of the three databases, as well as case studies of successful data mergers, there are proposed next steps. These next steps are presented to various stakeholder groups for further consideration, input, and action.

2. Scope of Project

This project researched the extent of the disparities in downstream service receipt as connected to recognition in one of the major homelessness services databases.

This project was driven by the following research questions:

- > What existing data systems are in place in King County?
- > With the current data structure, who is missing from each of the databases? What services are they missing out on?
- > What are other jurisdictions doing to integrate data systems to support service linkages and their social safety net?
- > What can King County do to address the fragmentation in these data systems to better serve the needs of unhoused and housing insecure individuals?

Based on the above questions, we developed comparison tables that would review the sociodemographic makeup of Veterans in the three major databases (HOMES, HMIS, ACES) and the differences in uptake of both state health and social services and the VA primary care module (PCMM) by Veterans in the different data systems.

3. Findings

We outline information on differences between HOMES and HMIS+ACES, and populations included in all databases, on the basis of sociodemographics characteristics, housing status, and utilization of state social services. We combined HMIS and ACES in this review due to an overlap in data for individuals, where the integration was necessary to retain the power of the analysis.

Table 1: Race/Ethnicity of unhoused and housing insecure Veterans on the basis of database compared to the Total Veteran Population in Washington

	BIPOC	Non-Hispanic White
HOMES only	581 (34%)	1094 (65%)
HMIS+ACES only	1053 (32%)	2245 (67%)
BOTH	600 (33%)	1196 (66%)
Total Veteran Population	52,207 (20%)	208,495 (79%)

There is not a significant difference between HOMES and HMIS+ACES, however, there is a higher proportion of self-identified BIPOC Veterans who are unhoused or housing insecure (32-34%) compared to the Total Veteran Population (20%).

Table 2: Housing Status for Veterans who are unhoused and housing insecure in HOMES, HMIS+ACES or both databases

	HOMES	HMIS+ACES	BOTH
Homeless	173 (10%)	1345 (40%)	803 (44%)
Unstably Housed	352 (21%)	1364 (41%)	657 (36%)
Permanent Housing	1163 (69%)	3631 (19%)	357 (20%)

A higher proportion of unhoused and housing insecure Veterans in HOMES are in permanent housing (69%) when compared to the proportion of unhoused and housing insecure Veterans in HMIS+ACES (19%).

Table 3: State social service receipt for unhoused and housing insecure Veterans in HOMES, HMIS+ACES or both databases

	HOMES	HMIS+ACES	BOTH
Basic Food	626 (37%)	2584 (77%)	1367 (75%)
Aging & Long Term	84 (5%)	167 (5%)	98 (5%)
Child Support	233 (14%)	682 (20%)	324 (18%)
Child Welfare	44 (3%)	120 (4%)	64 (4%)
Medicaid	435 (26%)	1654 (50%)	887 (49%)
Any Select	844 (50%)	2903 (87%)	1535 (84%)
PCMM	1071 (63%)	1943 (58%)	1374 (76%)

In general, a higher proportion of unhoused and housing insecure Veterans in HMIS+ACES are receiving various state health and social services compared to unhoused and housing insecure Veterans in HOMES. This difference is most prominent for basic food (receipt of), enrollment in Medicaid, and any select (defined by the RDA as “use of any social service or enrollment in Medicaid”).

4. Case Studies

We outline three innovative examples of data systems integration and benefits of information symmetry and data sharing. First, we review an example within Washington from the RDA that supported this project, then tie in pilot projects New Jersey and New York.

4.1 Washington State DSHS RDA Integrated Client Database

The Integrated Client Database (ICDB) was created by the DSHS RDA Division to centralize major big data streams and provide the scaffolding to support evidence-driven decision-making in Washington State. The ICDB made this project itself possible, with its connected data on social and health services within the state, including that of HMIS and ACES.

To create the ICDB, the DSHS's RDA unit worked on numerous data sharing agreements that covered unique federal and state laws, protocols for data privacy, and data sensitivity. Today, the ICDB contains over two decades of data that covers over 30 data systems across the state, while protecting the privacy and identity of individuals in the data sets.

Benefits:

1. Executive support and buy-in
2. Collaboration between agencies, policy makers, and researchers

Considerations:

1. Large financial investment
2. Data privacy & big data

To learn more about the ICDB:

1. [RDA Report](#) from December 2010 that outlines the framework of the ICDB
2. [RDA Report](#) from December 2021 that outlines updates to the ICDB data
3. [Case Study](#) from April 2014 created by the University of Pennsylvania

4.2. New Jersey Connection of Medicaid and HMIS Data

New Jersey has been working on linking the care provided through their state-wide HUD-mandated Continuums of Care with the available funding for health-related social needs that comes from the Centers for Medicare & Medicaid Services' 1115 Waiver for Medicaid Innovation. As an in between, their state funding for homelessness services is managed by two departments, with numerous partnerships including Rutgers University and various non-profit and public organizations.

This linkage project supports the homelessness services ecosystem in New Jersey by supporting the preparation of HUD-required documentation, engage in systems planning to improve performance, helps local planning efforts through available data analysis, and works to develop various agencies' programs through evidence-based decision-making.

Benefits:

1. Data privacy through an academic partnership to protect the linked data key
2. Engagement of Medicaid funding

Considerations:

1. Data is not real time
2. Project team is largely from Rutgers University and carries an academic lens

To learn more about the New Jersey Data Linkage Project:

1. [Presentation](#) produced by Monarch Housing Associates that builds the case for data sharing in New Jersey
2. [Research Presentation](#) presented by Rutgers University on early findings

4.3. New York CAPS Program

All states, including New York are required by HUD to have Coordinated Entry that aims to streamline movement of unhoused individuals into permanent housing and standardize the distribution of resources. New York's Coordinated Assessment and Placement Systems (CAPS) stands out as a strong example of linking data systems to support the Coordinated Entry.

CAPS replaces an older system used in New York and integrates data from health and behavioral health (including SUD), income, and housing documentation. CAPS is currently working to include incarceration information, emergency services, and young adult-specific data. CAPS is used by around 18,000 individuals, 4,000 sites, and 1,000 agencies.

Benefits:

1. CAPS Steering Committee is comprised of diverse stakeholders who review the program monthly
2. Strong support after CAPs used an iterative process to develop and gather stakeholder buy-in/building trust

Considerations:

1. Investment to upkeep data systems and make sure information is current
2. Maintaining privacy with data information and access

To learn more about the CAPS Program:

1. [CAPS User Guide](#) that details aspects of the CAPS system
2. [Presentation](#) from Community Planning & Development with a feature on CAPS as well as other guidance

6. Next Steps

With our current data systems failing to provide the adequate infrastructure to support case management for unhoused and housing insecure individuals, it is important that agencies working in homelessness services and other health-related social needs connect and work to share information. Through collaboration, these agencies and organizations can better provide coordinated care that addresses the needs of the whole individual, including complex health needs, and works to engage individuals in the continuum of housing.

Within King County, there are numerous programs and initiatives that have been invested in, including the [Health Through Housing](#) and [Coordinated Entry for All](#) Programs, for the **feasibility** of data sharing and collaboration, it will be crucial to engage stakeholders who work in the range of public, private, and non-profit programs, as well as with the HUD. Medical and healthcare partners, including those engaged in behavioral health and substance use disorder treatment, will be equally important stakeholders. In partnership with feasibility is the **equity** lens in which these data systems must be approached with; there is a large disparity in the

number of unhoused individuals from different self-identified race/ethnicity groups, especially among Black, Indigenous, and AIAN individuals. As agencies work to share big data, it will be important to find opportunities to integrate community voice and oversight. Another aspect of equity is considering who gets a seat when designing systems – frontline workers, including those in social work and case management, should be considered, as they engage daily with these data systems. Below are some resources to help start the conversation on both feasibility and equity considerations for data sharing.

Feasibility

1. Multidisciplinary Stakeholder Conversations & Collaboration
 - a. [Using Data to Identify Housing Needs and Target Resources](#) by the Medicaid Innovation Accelerator Program
2. Engagement with the HUD
 - a. [Data Sharing](#) Brief by HUD
3. Linkage of Health Information Systems
 - a. [Integration of Health Information Systems to Promote Health](#) Publication
 - b. [HMIS Systems Integration](#) HUD-sponsored PowerPoint

Equity

1. Integration of Community Voice
 - a. [Practicing Community-Engaged Research](#) Slide Deck
2. User Experience Co-Design
 - a. [UX Research: Co-design methods](#) Article

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